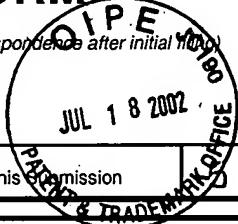


7-19-02

Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial mail)</i>		Application	10/082,521
		Filing Date	02/22/02
		First Named	AGATA, et al.
		Group Art Unit	
		Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number	1000.06.003



ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> to Group	
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> of Appeals and Interferences	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a	<input type="checkbox"/> Appeal Communication to Group	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Provisional Application	<input type="checkbox"/> (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Change of Correspondence	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Copy of all references cited (not included in the number of pages in submission)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> CD, Number of CD(s) _____		
Remarks			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	STEPHEN J. MOLONEY ILEX ONCOLOGY, INC.
Signature	
Date	07/18/02

**CERTIFICATE OF MAILING**

EL779040626US

I hereby certify that this correspondence is being deposited with the United States Postal Service w.  
envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date:

07/18/02

Typed or printed name	FRANCIS WINKLER
Signature	
Date	07/18/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED  
U.S. PATENT AND TRADEMARK OFFICE  
JUL 18 2002  
TECHNICAL SERVICES  
100-12900

**CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)**

Applicant(s): REIMER, ET AL.

Docket No.

1000.06.003



Serial No.  
10/082,521

Filing Date  
02/22/02

Examiner

Group Art Unit

Invention: TUMOR CHEMOPOTENTIATION USING ISOCOUMARIN DERIVATIVES

I hereby certify that the following correspondence:

TDS w/references

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231 on

07/18/02  
(Date)

**FRANCES WINKLER**

(Typed or Printed Name of Person Mailing Correspondence)

  
(Signature of Person Mailing Correspondence)

**EL779040626US**

("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  
(Under 37 CFR 1.97(b) or 1.97(c))

JUL 18 2002

Docket No.  
1000.06.003

In Re Application Of: AGATA, ET AL.



Serial No.  
10/082,521

Filing Date  
02/22/02

Examiner

Group Art Unit

Title: TUMOR CHEMOPOTENTIATION USING ISOCOUMARIN DERIVATIVES

RECEIVED  
JUL 25 2002  
TECH CENTER 1600/2900

Address to:

Assistant Commissioner for Patents  
Washington, D.C. 20231

**37 CFR 1.97(b)**

1.  The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.

**37 CFR 1.97(c)**

2.  The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:

the statement specified in 37 CFR 1.97(e);

OR

the fee set forth in 37 CFR 1.17(p).

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT  
(Under 37 CFR 1.97(b) or 1.97(c)) JUL 18 2002

Docket No.  
1000.06.003

In Re Application: AGATA, ET AL.



Serial No.  
10/082,521

Filing Date  
02/22/02

Examiner

Group Art Unit

TUMOR CHEMOPOTENTIATION USING ISOCOUMARIN DERIVATIVES

RECEIVED  
JUL 25 2002  
TECH CENTER 1600/2900

Payment of Fee

(Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))

- A check in the amount of \_\_\_\_\_ is attached.
- The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 501786 as described below. A duplicate copy of this sheet is enclosed.
- Charge the amount of \_\_\_\_\_
- Credit any overpayment.
- Charge any additional fee required.

Certificate of Transmission by Facsimile\*

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (F

(Date)

Signature

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

I certify that this document and fee is being deposited with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Certificate

\*This certificate may only be used if paying by deposit account.

Signature

Dated: 7/18/02

CC: